Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out, completely, accurately and legibly in ink or typewriter)

PROVINCE Leyte — LOCAL CIVIL REGISTRY NO. 89-2496
CITY/MUNICIPALITY Baybay

1. NAME	(First) Yssakhar	(Middle) Algodon	(Last) Salas
2. SEX (Place 'X' on appropriate answer)	X 1 Male ___ 2 Female	3. DATE OF BIRTH (Day) 27	(Month) September (Year) 1989
4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street, barangay)	Western Leyte Prov. Hospital,	(City/Municipality) Baybay,	(Province) Leyte
5a. TYPE OF BIRTH (Place 'X' on appropriate answer)	X 1 Single ___ 2 Twin ___ 3 Three or more	b. IF MULTIPLE BIRTH, CHILD WAS	___ 1 First ___ 2 Second ___ 3 Third, 4th, etc.

Father Mother

6. MAIDEN NAME	(First) Rosario	(Middle) U.	(Last) Algodon
7. NATIONALITY	Fil.	8. RELIGION	RC
9. NAME	(First) Felix	(Middle) M.	(Last) Salas
10. NATIONALITY	Fil.	11. RELIGION	RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
April 28, 1984, Mcarthur, Leyte

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:14am *o'clock a.m./p.m. on the date stated above.*

Signature [signature] — Address LPH,
Name in print Leonile Mercado, M.D. — Baybay, Leyte
Title or position Resident Physician — Date 9/27/89

14. INFORMANT
Signature Rosario A. Salas — Address Guadalupe,
Name in print Rosario A. Salas — Baybay, Leyte
Relationship to child Mother — Date 9/27/89

15a. PREPARED BY
Signature [signature]
Name in print Camila C. Merquianes
Title or position Nursing Attendant
Date 9/27/89

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [signature]
Name in print Noel V. Onagbang
Title or position LCR
Date 10/11/89 2:30

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT — b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 8 9 0 2 4 9 6 — Registration Status 15: 1

PROVINCE Leyte
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Child

17. Weight at Birth (in grams)	3,300gms 3 3 0 0 (16)	18. Birth Order of Child Ex. first, second, etc.	0 2 (20)
19a. Total Number of Children Born Alive	0 2 (22)	b. How many children are now living including this birth?	0 2 (24) 2
		c. How many children were born alive but are now dead?	0 0 (28)

Mother

20. Usual Occupation	Employee X 7 0 (29)	21. Age at the time of this Birth	25 2 5 (31)
22. Usual Residence (Barangay)	Guadalupe,	(City/Municipality) Baybay,	(Province) Leyte 3 1 7 9 8 5 (33)

Father

23. Usual Occupation	Student 2 3 0 (38)	24. Age at the time of this Birth	27 2 7 (41)

25. Attendant at Birth (Place 'X' on appropriate answer)
___ 1 Physician ___ 2 Nurse X 3 Midwife ___ 4 Hilot ___ 5 Others X (47)

RESERVE FOR BINDING

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
1 (49)	2 7 0 9 8 9 (48)	3 7 0 6 7 (51)	1 (56)	1 (57)

NAME OF CHILD

First	MI	Last
YSSAKHAR (58)	A (70)	SALAS (71)

05919-G0-999RGD-01986-BI001
BEST POSSIBLE IMAGE
T0890591999901986O3162016001
FK700974540

BReN
03708-A89ST07-9

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority